## REQUEST FOR INFORMATION (RFI) IFB VA251-15-B-0178

| PROJECT NUMBER:   |      | 610A4-13-104  Renovate Third Floor-East Wing  Northern Indiana Health Care |  | Please ensure that before submitting questions or requests for clarification that you thoroughly read the solicitation, specifications, drawings and other |  |
|---|------|--|--|--|--|
| PROJECT TITLE:  |      |  |  |  |  |
| PROJECT LOCATION:   |      | em VA Medical Center  1 Lake Avenue Wayne, IN 46805-5100                   | pertinent documents. When submitting questions on this project the Government requires contractors to specifically identify the specification and/or solicitation section(s) or drawing number(s) in reference to the question or request for clarification submitted. No question or request for clarification will be answered by the Government unless the above requirements are met. Failure to comply may prevent the Government from responding in a timely manner. |  |  |
|   |      |  |  |  |  |
| SUBMITTED BY:   |      |  | City/State:  |  |  |
| PHONE NO.:  |      |  |  |  |  |
| EMAIL:  |      |  |  |  |  |
| SEND TO: Department of Veterans Affairs – Email: Diana.grube@va.gov |      |  |  |  |  |
| On subject line of email include the following: "                   |      |  |  |  |  |
| RFI#:   |      | DATE:  | SPEC/DWG   | S. REFERENCE(s):   |  |
|   |      |  |  |  |  |
| INFORMATION NEEDED:   |      |  |  |  |  |
| REPLY:  | JLD. |  |  |  |  |
|   |      |  |  |  |  |
| ATTACHMENTS:  |      |  |  |  |  |